

CUSTOMER NO.: 24498
Attorney Docket No. RCA88783
Date of Decision on Petition: 2/17/2009

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicants: ESKICIOGLU, Ahmet Mursit, et al.
Serial No.: 09/581,064
Filed: October 7, 2002
Title: CONDITIONAL ACCESS SYSTEM FOR DIGITAL
RECEIVERS
Group Art Unit: 2135
Examiner: PATEL, Nirav B.

RENEWED PETITION UNDER 37 CFR 1.137(b)

Mail Stop Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Decision on Petition dated February 17, 2009
dismissing the Petition for Revival under 37 CFR 1.137(b) filed on January 6,
2009, Applicants hereby submit the following Renewed Petition under 37 CFR
1.137(b). The Petition filed January 6, 2009, was dismissed for failure to
include an indication that the Petition was signed by a registered attorney.
Applicants hereby submit a corrected Petition that includes the registration
number of the undersigned, a response to the final rejection and a Request
for Continued Examination.

CERTIFICATE OF TRANSMISSION	
I hereby certify that this correspondence is being faxed to the United States Patent & Trademark Office, fax # 571-273-8300, Mail Stop: Petition on:	
Date <u>4-17-09</u>	<u>Fideliz Romero</u> Fideliz Romero

- 1 -

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It is believed that there are no further fees due with regard to this filing,
however, if a fee is due, please charge the cost to Applicants' Deposit
Account No. 07-0832.

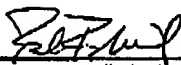
Respectfully submitted,

Ahmet Mursit Eskicioglu, et al.

Date:

4/17/09
4/15/09 PM

By:


Paul P. Kiel, Attorney
Registration No. 40,677
(609) 734 - 6815

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>7-1-09</u>		2 Serial/Patent # <u>09/581,064</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition		4/17/09	\$ 1,620							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 1,620							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">3</td> <td style="width: 20px;">2</td> </tr> </table>			0	7	--	0	8	3	2
0	7	--	0	8	3	2					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<p><i>Petition fee was paid on 1/7/09. No fee due for renewed petition.</i></p>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Kimberly Inabinet</u>		TITLE: <u>Petitions Examiner</u>									
SIGNATURE: <u><i>Kimberly Inabinet</i></u>		PHONE: <u>x24618</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>CKH/KK</i></u>		DATE: <u>7/14/09</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: